EXHIBIT F

LONG AFFIDAVIT

October 31, 2005

AFFIDAVIT

STATE OF ALABAMA)
)
Barbour **COUNTY**)

I, Beth H Long, hereby certify and affirm that I am a Medical Clerk, at Easterling Correctional Facility; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Ernest E. Reed, Jr, AIS# 111914C; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at PHS - Easterling; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 31st day of October, 2005.

Beth H Long

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 31st Day of October, 2005.

Linda A Wilkinson
Notary Public
9/16/2007
My Commission Expires

PROBLEM LIST

Name: Reed, Earnest

AIS# 111914C

Date of Birth: 11/23/55

Medication Allergies: NKA

Mental Health Code: SMI HARM HIST (NONE) Date Code Assigned: ________
(Changes in Mental Health Code should be identified on the Problem List)

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
12/4/03			B Jack
2/4/04	GSW to abd ē exp lap 1987		Cooley CRNP.
	Abdominal hernia		
4-15-04	" "		
	arthritis Ⓡ shoulder		[illegible] CRNP
4/18/04	- Hx Tinea pedis		
	- Hepatitis C		
	- [illegible]		

PHS
PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	✓		165 # 2yr Ago Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination	✓		occ.
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES		✓	NKDA

Weight 260 # Temp 97.4 Pulse 80 Resp 16 Blood Pressure 140/84
If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/30 OD 20/30 OS 20/20 OU

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 11-5-04 Site LFA per health Dept.
	Read on 11-8-04 Results 0 mm
Past Positive TB Skin Test →	**Survey Completed** —
(Chest x-ray if clinical symptoms)	Date — Results —
RPR (q 3 yrs)	Date 11-26-03 Results NR
EKG (baseline at 35, over 45 q 3 yrs)	1-12-05
Cholesterol (at 35 then q 5 yrs)	Pending
Tetanus/Diptheria (q 10 yrs)	Last Given 1-12-05 Due 2015
(if done today)	Site given L Del Dose 0.5 Lot # TD-107
Optometry Exam (@ 50 if not already seen)	—
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date — Results —

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Heart	RRR
Lungs	cl bl.
Breast Exam	b/A
Rectal (yearly after 45)	Results normal
with Hemoccult	Results negative
Pelvic and PAP (q 1 yr)	Date N/A Results

Facility East Nurse Signature [signature] Date

M.D. or Mid-Level Signature [signature] Date 1/12/05

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Reed Garnest	111914	11-23-55	W/M

PRISON HEALTH SERVICES INCORPORATED

HEALTH EVALUATION

Date: 11-26-03 | ID#: 111914

ADMISSION DATA

Last Name: Reed	First: Ernest	Middle: Edward
Birthplace: Jefferson Cty	DOB: 11-23-55	SS#: 484-74-3880
Previous Incarcerations (Date & Facility): 1975-Draper 1978-Atmore 1980-Holman 1989-Limestone	Health Insurance? Y (N) Carrier: State: Policy Number:	

MEDICAL DATA

Family Physician: Dr Lopez | Address: | Phone:

Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?
1987- Gunshot Inside of Chest- Cooper Green

Medications: ☐ None yes | Special Diet (Prescribed): NA

Allergies: ☑ NKA

ANY ARRESTEE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

CLINICAL OBSERVATIONS

1) Level of Consciousness: (✓) Alert (✓) Oriented; time, place, person ( ) Lethargic ( ) Stuporous ( ) Comatose
Describe:

2) General Appearance (✓) Normal ( ) Abnormal
Describe:

3) Substance Abuse: (✓) Yes ( ) No ( ) Suspected ( ) Current Intoxication/Abuse ( ) Use ( ) Withdrawal Symptoms (✓) Drugs (✓) Alcohol
Describe: What kind? Amount/Frequency?

* If confirmed Benzo use, then follow Detox Protocol. If can not be confirmed, q shift BP (HR X 5 days)
Last Use: (Time/Date):

4a) Behavior/Conduct: (✓) Calm (✓) Cooperative (✓) Non-Violent ( ) Agitated ( ) Uncooperative ( ) Violent ( ) Manipulative ( ) Disorganized
Describe:

4b) Affect/Mood: (✓) Normal ( ) Manic ( ) Depressed ( ) Euphoria ( ) Flat ( ) Emotionally Confused
Describe:

4c) Perceptions: ( ) Delusional ( ) Hallucinations ( ) Hearing Voices

5a) Is there h/o actual suicide attempt? ( ) Yes (✓) No

5b) Does pt describe current suicidal thoughts or ideations? ( ) Yes (✓) No

5c) Is there evidence or history of self-mutilation? ( ) Yes (✓) No

5d) High risk pt may become assaultive towards staff? ( ) Yes (✓) No

If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates:

Triggers for Suicide Watch- 4G/H:
- Currently Suicidal
- History of actual attempt
- Fails to maintain control on Close Watch

Triggers for Close Watch- 2C:
- Emotionally distraught and unable to regain composure by end of intake process
- Actively hallucinating or not making any sense

6a) Communication Difficulties ( ) Yes (✓) No

6b) Memory Defects ( ) Yes (✓) No

6c) Hearing Impairment ( ) Yes (✓) No

6d) Speech Difficulties ( ) Yes (✓) No

7) Physical Aids: (✓) None ( ) Glasses ( ) Contacts ( ) Hearing Aid ( ) Dentures ( ) Cane ( ) Crutches ( ) Walker ( ) Wheelchair ( ) Braces ( ) Artificial Limb ( ) Other

8) Additional comments, complaints, symptoms: None ☑

S)

O)

A)

P)

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for professional services to be provided to me by and through PHS.

x Earnest Reed
Inmate's Signature

11-26-03
Date

Form 60412

HEALTH EVALUATION

Age 48 Sex M Race W Ht 5'9 Wt 165

Temp	BP	Pulse	Resp
98.1	110/70	100	18

Do you now or have you ever had, or been treated for:

Problems	Y	N	Problems	Y	N
Head Trauma		✓	Kidney Stones/Disease		✓
Loss of Consciousness		✓	Bladder/Kidney Infection		✓
Severe Headaches		✓	Alcoholism		✓
Vertigo/Dizziness		✓	Drug Abuse	✓	
Vision Problems		✓	Tobacco Use	✓	
Hearing Problems		✓	Psychiatric Hx	✓	
Dental Prob./ Dentures		✓	Suicidal		✓
Seizures		✓	**Communicable/Contagious**		
Strokes		✓	Tuberculosis		✓
Nervous Disorders		✓	HIV/ AIDS		✓
DT's		✓	Hepatitis- Type B	✓	
Heart Condition		✓	Gonorrhea		✓
Angina/Heart Attack		✓	Syphilis		✓
High B.P.		✓	Lice; Crabs; Scabies		✓
Anemia/Blood		✓	**OB/ GYN**		
Lung Condition		✓	LMP Date:		
Asthma		✓	Duration:		
Bronchitis		✓	LMP Normal:		
Emphysema		✓	Regularity:	Y	N
Pneumonia		✓	Gravida/Para:		
Diabetes		✓	AB/Miscarriage:		
Hay Fever/ Allergies		✓	Contraception:	Y	N
Gastritis		✓	Describe:		
Ulcers		✓	LAB Tests- Dates	N	Ab
Bleeding		✓	RPR		
Gall Bladder/Pancreas		✓	PPD- Date given: 11-26-03		
Liver Problems	✓		RFA/LFA		
Arthritis	✓		Date read: 11/28/03		
Joint Muscle Problem		✓	Results in mm.: 0mm		
Back/Neck Problem		✓	Deferred/ Follow-up:		

APPRAISAL		N	Abn/Comment
	Screening Observation	☐	Check items below & initial
General	Movement, Deformity, Pain, Bleeding Habitus, Hygiene	☑	WNL
Neuro	Mental Status, Intox Withdrawal, Tremors Neuro-deficits	☑	WNL
Skin	Injury, Bruises, Trauma Jaundice Diaphoretic, Rash Lesions, Infestations Needle Marks Color, Turgor	☐	Tatoo - L arm WNL Good
Head	Normocephalic Atraumatic Hair, Scalp	☑	WNL
Eyes	Glasses/ Vision Pupils Sclera, Conjunctiva	☐	L 20/20 R 30/20
Ears	Appearance Canals, TM's, Hearing	☐	Good
Nose	Epistaxsis, Sinuses	☑	WNL
Throat	Teeth, Gums, Dentures Mouth, Tongue, Tonsils Airway	☑	WNL
Neck	C Spine, Mobility Veins, Carotids Thyroid, Lymph Nodes	☑	WNL
Chest	Config. Ausc./ Resp. Cough/ Sputum	☐	Resp ease no cough
(Breasts)	Masses		
Heart	Ausc. Rate, Rhythm Murmurs, Ectopy	☐	
Abdomen	Bowel Sounds Palp; G/R/T; Hernia	☐	Bowel sounds x4
GU	Flank Tenderness Bladder Tenderness /Distention	☑	WNL
Back	ROM, Spasm, Injury	☑	WNL
Extrem	Edema, Pulse Cyanosis- ROM, Injury	☑	WNL
Genitals	Injuries/ Lesions	☑	WNL
Pelvic/ Pap	Deferred ☐		
Rectal/ Gulac	Deferred ☐		

Comments:

Placement: (✓) General Population ( ) Emergency Dept. ( ) Isolation ( ) Medical Observation ( ) Other: _____

Referral: ( ) Medical ( ) Dental ( ) Mental Health ( ) Other _____ When: ( ) Immediately ( ) Next Sick Call _____

Wanda Hardy, LPN — 11-26-03 — 12/2/03

Screener's Signature — Date/Time — Evaluator's Signature/ Title — Date/ Time

PHS PRISON HEALTH SERVICES, INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: _____

Date: _____ Time: _____ AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

_____

RECEIVING MEDICAL STATUS

- ☐ Population
- ☐ Infirmary
- ☐ Isolation

RELEASED: Inmate/Health Record

Institution: KCF

Date: 12/12/03 Time: 9 pm. AM/PM

RELEASE FROM:

- ☐ Infirmary ☐ Segregation
- ☑ Population ☐ Mental Health
- ☐ Other _____

RELEASE TO:

- ☑ DOC ☐ Infirmary ☐ Mental Health
- ☑ _____

Institution/Work Release Center/Free-World Hospital

ALLERGIES: NKA

PHYSICAL EXAMINATION

Date of last exam: 11/26/03

Chest X-Ray Date: _____ Result: _____

PPD Reading 11/28/03 0mm

Classification: _____

Limitations: _____

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
~~CBC~~		☐	☐
Urinalysis		☐	☐
		☐	☐

	YES	NO
Wears Glasses/Contacts	☑	☐ Readers
Dental Prosthesis	☑	☐
Hearing Aide	☐	☑
Other Prosthesis	☐	☑ Recieving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

0

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

)

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

MEDICATIONS	☐ Sent w / inmate	☐ Not sent w / inmate
X-RAY FILM	☐ Sent w / inmate	☐ Not sent w / inmate
HEALTH RECORD	☑ Sent w / inmate	☐ Not sent w / inmate

Released to: _____

Date: 12/12/03 Time: 9P AM/PM

MEDICATIONS	☐ Received	☑ Not Received
X-RAY FILM	☐ Received	☑ Not Received
HEALTH RECORD	☑ Received	☐ Not Received
CHART REVIEWED	☑ YES	☐ NO

Received by: _____

Signature of Receiving Nurse

Date: _____ Time: _____ AM/PM

FOLLOW-UP CARE NEEDED

	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
☐ Medical ☐ Dental				
☐ Mental Health				

N ASSESSMENT (SENDING NURSE) (from health record documentation)

		Yes	No
HISTORY	Drug Use Heroin	✓	
	Mental Illness		✓
	Suicide Attempt		✓
	Chronic Care		✓
STATUS	Special Diet		✓
	Appearance		

OTHER PERTINENT NURSING ASSESSMENT

_____

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		✓
	Lice		✓
	Edema		✓
	Warm & Dry	✓	
	Cool & Moist		✓
CONDITION	Alert	✓	
	Oriented	✓	
	Uncooperative		✓
	Depressed		✓

INTAKE

Sick Call Procedures Explained	✓
Height	5'10"
Weight	177½
Blood Pressure	118/78
Temperature	98
Pulse Resp.	74
Other	

L. Baines, LPN 12/12/03.

Signature of Nurse Completing Assessment (Sending Nurse) Date

Signature of Intake Screening Nurse (Receiving Nurse) 12/15/03 Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Reed, Ernest, E, Jr.	111940	11/23/55	W/M	Kilby

PHS-MD-70009

(White - Medical Jacket, Yellow - Transfer Coordinator)

PHS PRISON HEALTH SERVICES, INCORPORATED

INMATE INTAKE FORM

Name: Reed, Ernest E. Jr D.O.B: 11-23-55 M: ✓ F: _____

Date / Time Admt: 11-26-03 1310 Status: New _____ Return ✓

DOC#: 111914 Screened By: Glanda Hardy, LPN

B/P 110/70 PULSE 100 RR 18 PERILA ✓ ORIENTED/FOUR ✓

Screener's Observations (If yes, List details in comments section)

			Comments Section
1.) Visible signs of trauma requiring immediate attention?	(No)	Yes	
2.) Obvious fever, swollen glands, jaundice or infection that might spread?	(No)	Yes	
3.) Poor skin condition, parasites, rashes or needle Marks? Tattoos	No	(Yes)	Both arms, back
4.) Deformities (Skin or extremities)?	(No)	Yes	
5.) Appears under the influence of alcohol or drugs?	(No)	Yes	
6.) Visible signs of alcohol or drug withdrawal? (Odor, gait, nystagmus, inappropriate responses extreme perspiration, pinpoint pupils, tremors, anxiety, nausea, cramping, vomiting, shakes)?	(No)	Yes	
7.) Have you had a positive TB Skin test in the past?	(No)	Yes	

CURRENT MEDICAL HISTORY - ALL

1. Do you currently have a medical problem?	No	(Yes)	
2. Are you taking any Rx prescribed by an MD?	No	(Yes)	Elavil 100mg Xanax 1mg
3. Do you use illegal drugs?	No	(Yes)	Dilaudid, Heroin

PHARMACY Secure

PHYSICIAN McGinn

CLINIC NAME Physicals

MEDICATIONS / DOSAGES

Drugs Allergies NKDA	**Arthritis**	**Asthma**	**DT's**
Diabetes	**Epilepsy**	**Fainting**	**Heart Condition**
Hepatitis	**High Blood Pressure**	**Tuberculosis**	**Thyroid**
Ulcers	**Urinary Problems**	**Venereal Disease**	**Other** Depression

Notes _____

Date PPD placed 11-26-03 **Date PPD Read** 11/28/03 **Results of PPD** 0mm

I have answered all questions truthfully. I have been told and shown how to obtain medical services and I hereby give my consent for professional services to be provided to me by and through PHS, INC.

Name: Ernest Reed Date: 11-26-03

RECEIVING SCREENING FORM

INMATE'S NAME: Reed ERNEST DATE: 11/25/03 TIME: 10:30 am

DOB: 11/23/55 OFFICER: Freddie McCampbell INSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	√	
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?		
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?		
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?		
Is the skin in poor condition or show signs of vermin or rashes?		
Does the inmate appear to be under the influence of alcohol, or drugs?		
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		
Is the inmate making any verbal threats to staff or other inmates?		
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		
Does the inmate have any obvious physical handicaps?		

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was

- √ a. Released for normal processing
- _____ b. Referred to health care unit
- _____ c. Immediately sent to the health care unit.

Freddie McCampbell

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK		✓
TB TEST CURRENT	✓	
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE		✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: _____ DATE: 12/15/03

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: Earnest Reed DATE: 12/15/03

EXPIRATION DATE: Indef

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Reed Earnest	111914	11/23/55	W/M	Easterly

PHS-MD-70042 **(White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))**

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, ALabama 36130-3017

TB
Skin Test Report

County Code | Target Testing | PROJECT | ~~CHR#~~ AIS 111914

Last Name: REED

First Name: EARNEST | MI: E

Patient Home Address: Easterling

City: Clio

State: AL | Zip Code | Home Phone

SSN: - -

Date of Birth: 11 - 23 - 1955 | SEX: (●) M ( ) F

Race: W B AI A AN H/PI O: ?

ETHNICITY: Hispanic or Latino: ( ) YES (●) NO

Test Administered By:
(●) TB Staff
( ) PH Nurse
( ) Other

Site Test:
Health Department
(●) Other

Reason Tested:
( ) Health Care Worker
( ) Medical Risk
( ) Shelter
( ) Student
( ) Occupational
( ) Foreign Born
( ) Homeless
(●) Jail/Prison
( ) Not at Risk

Contact to Case/Suspect: ( ) YES ( ) NO

Risk Categories:
( ) A
(●) B
( ) C

PPD ONE:

Provider#: | Lot#:

Date of Test: 08 - 17 - 2004 | Antigen: (●) AP ( ) TU

Provider#:

Date Read: 08 - 19 - 2004 | Result: 00 mm ( ) Not Read

PPD TWO:

Provider#: | Lot#:

Date of Test: 11 - 05 - 2004 | Antigen: ( ) AP ( ) TU

Provider#:

Date Read: 11 - 08 - 2004 | Result: 00 mm ( ) Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

4739494381

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Donna Lowery	Sister	
Name	Relationship	
10755 McKenzie Rd.		(251) 928-2928
Street Address		Phone Number
Fairhope, Al.	Al.	36325
City	State	Zip Code
Earnest Reed	111914	424-74-3886 1-12-0
Inmate Signature	Doc#	S.S.# Date
Witness		Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
Reed Earnest	111914	11-2355	W/m	East

PHS-MD-70003 (White – Medical Record, Yellow – Active File, Pink – Control Center)

PHS
PRISON HEALTH SERVICES

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name: Brandy Muns — Relationship: niece

Street Address: 6344 Fairlawns Dr. Apt 2 — Phone Number: 813 783-9989

City: Zephyr Hills — State: Florida — Zip Code: 33542

Inmate Signature: Earnest Reed — Doc#: 111914 — S.S.#: 424-74-3880 — Date: 11-26-03

Witness: Yolanda Hardy/WP — NKDA — Date: 11-26-03

NAME (LAST, FIRST, MIDDLE)

d, Ernest E. Jr. — DOC# — DOB

03

6-B-110

PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Reed Earnest

Date of Birth: 11/23/53 Social Security No.: 111914

Date: 4/23/05 Time: 10:05 A.M. ~~P.M.~~

This is to certify that I, Reed Earnest (Print Inmate's Name), currently in custody at the Elmore (Print Facility's Name), am refusing to accept the following treatment/recommendations: S/C - As above (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Refuse to sign (Signature of Inmate)**

(Signature of Medical Person)

(Witness)

R. Turner COI (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	✓		165 # 2yr Ago Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination	✓		occ.
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES		✓	NKDA

Weight 260# Temp 97.4 Pulse 80 Resp 16 Blood Pressure 140/84

If greater than > 140/90, repeat in 1hour.

Eye Exam: 20/30 OD 20/30 OS 20/20 OU

Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 11-5-04 Site LFA per Health Dept.
	Read on 11-8-04 Results 0 mm
Past Positive TB Skin Test →	**Survey Completed** —
(Chest x-ray if clinical symptoms)	Date — Results —
RPR (q 3 yrs)	Date 11-26-03 Results NR
EKG (baseline at 35, over 45 q 3 yrs)	1-12-05
Cholesterol (at 35 then q 5 yrs)	Pending
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 1-12-05 Due 2015
	Site given L Del Dose 0.5 Lot # TD-107
Optometry Exam (@ 50 if not already seen)	—
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date — Results —

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Heart	RRR
Lungs	CTA bl.
Breast Exam	b/A
Rectal (yearly after 45)	Results normal 1/20/05
with Hemoccult	Results negative
Pelvic and PAP (q 1 yr)	Date 0/A Results

Facility East Nurse Signature [signature] Date

M.D. or Mid-Level Signature [signature] Date 1/12/05

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Reed Garnest	111914	11-23-55	W/M